# Health Care Affordability in Vermont



Presented by

# Michael Fisher, MSW Eric Schultheis, JD PhD The Office of the Health Care Advocate

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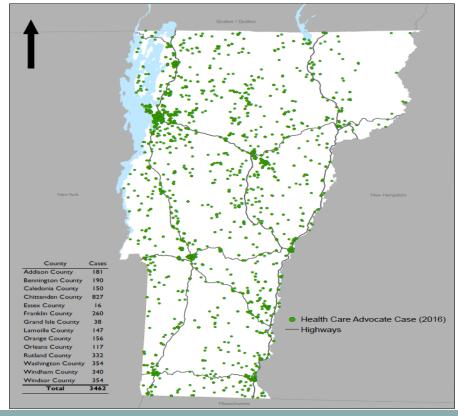




#### Who we are

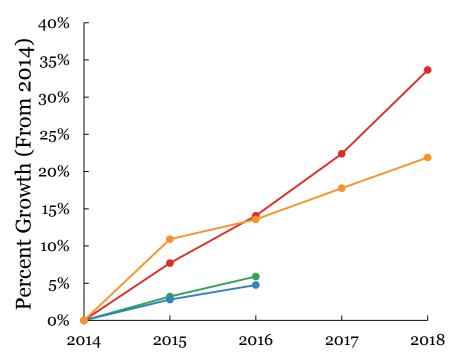
#### Today's topic – Affordability

- 1. From 10,000 Feet
- 2. For Vermont Households



# Health Care Affordability from 10,000 Feet

- **→**VTY GDP Growth
- **→** VT Wage Growth
- -BCBSVT VHC Rate Growth
- **→** MVP VHC Rate Growth



 Between 2014 and 2016, MVP and BCBSVT Vermont Health Connect rates grew roughly 2 times as much as Vermont GDP and almost 3 times as much as Vermont wages.

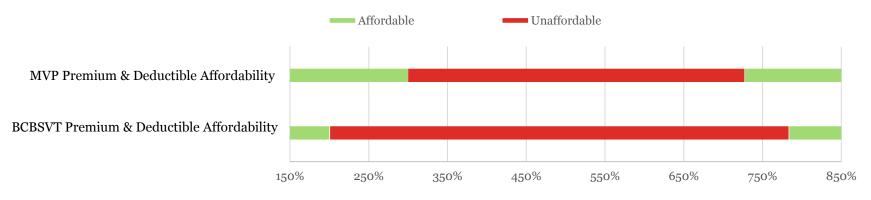
## 10000 Feet? What Vermonters can Afford?



Bright-line rules for premium and deductible affordability

- Premium affordability rule from the ACA (9.69% of income)
- Deductible affordability rule from the Vermont Household Health Insurance Survey (5% of income)

#### Lowest cost 2017 silver for a couple



Income (Percent of the Federal Poverty Limit)

Rule-based test do only tell us one part of financial situation Vermonters face. Health insurance costs do not exist in a vacuum.

# Affordability for Vermont Households

Basic Needs
Health Care
+ Taxes/FICA/Medicare
Minimum Expenses

If Net Money Available is less than o, Insufficient Money to Cover Expenses

Income
- Minimum Expenses
Net Money Available

If Net Money Available greater than or equal to o, Sufficient Money to Cover Expenses

# Calculating Minimum Expenses

- To calculate net money available, we use:
  - 2017 Vermont Health Connect Insurance rates and plan designs
  - JFO's Basic Needs Budget
    - We make a few more conservative assumptions: no savings, no life insurance, no renters insurance
  - Federal and Vermont income tax liability
  - Medicare/FICA
  - Federal and Vermont subsidies

# Key Subsidy Overview

Name	Income Limit	Effect
Federal and VT Premium Tax Credit	400 FPL	Reduce premiums to a percent of household income
Federal Cost Sharing Reduction	250 FPL	Increase plan actuarial value at no cost to consumer
VT Cost Sharing Reduction	300 FPL	Increase plan actuarial value at no cost to consumer
Dr, Dynasaur	317 FPL	Free or near free health insurance for children
VT Renter Subsidy (not entitlement)	125 FPL	Reduce rent to a percent of household income
Dependent Care Credit	NA	Tax credit based on expenditures related to dependent care

# Example 1

- 2 Wage Earning Adults and 2 Children who live in Chittenden County
- Family Income = \$50,000 (roughly 200% FPL)
- Health Insurance: Second lowest cost silver plan, low health care costs (15% of plan deductible attributable to the adults = \$420)
- Key Subsidies and Tax Credits:
  - Near free health insurance for children (Dr. Dynasaur)
  - Subsidized health insurance plan
  - Child Credit
  - Dependent Care Credit

# **Example Calculation**

Basic Needs
Health Care
+ Taxes/FICA/Medicare
Minimum Expenses

\$65,652.00 \$3,170.04 + \$3,044.46 \$71,866.50

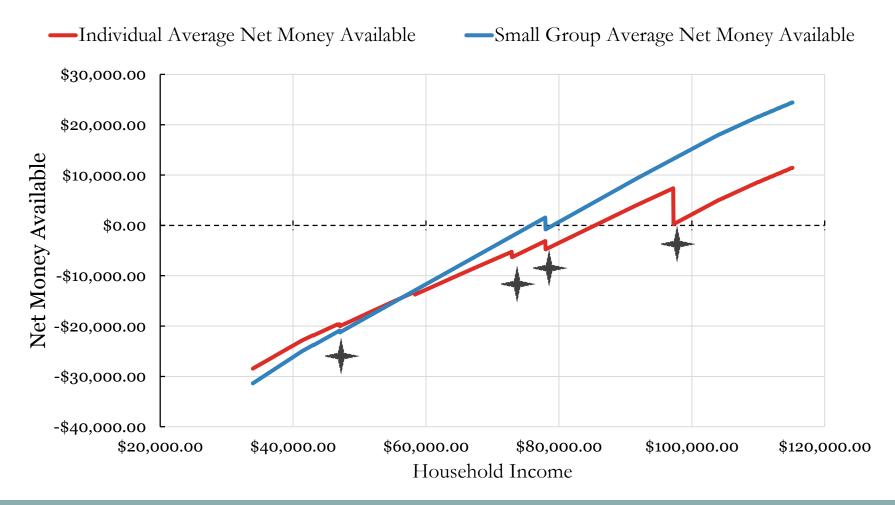
Income
- Minimum Expenses
Net Money Available

\$50,000.00 -\$71,866.50 -\$21,866.50

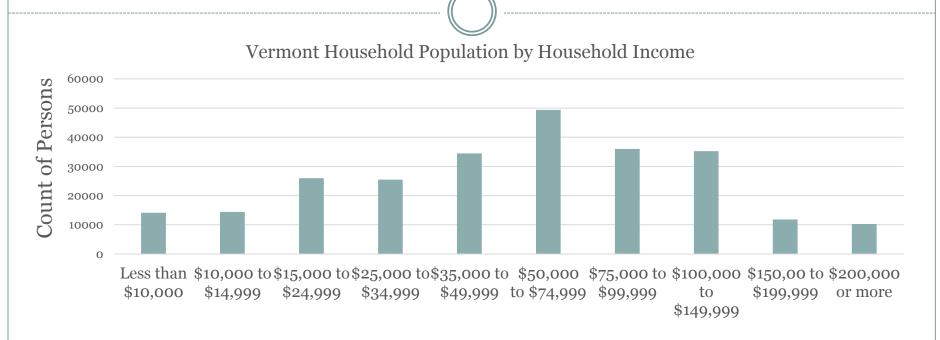
## Example 2

2 Adults, 2 Children; 2 Wage Earners; Second Lowest Cost Silver Plan; 75% of Deductible of which 100% is Attributable to Children.

Annual Employee Share of \$3600



# How many people are we talking about?



Roughly 65% (388,860) of Vermonters who do not reside in group quarters are *income* eligible for a Premium Tax Credit

Roughly 39% (13,224) of Vermonters of who purchase a silver plan through Vermont Health Connect receive a cost sharing reduction

# What is 75% of Deductible?

- For a family making \$80, 000, the median Vermont family income is \$71,665, 75% of deductible is \$2,400.
- How hard is it to meet that out of pocket spend?
  - One person breaks their arm (fair cost in Montpelier, VT: \$2,387)
    - X-ray: \$67
    - Short arm cast: \$209
    - ER Visit: \$1,602
    - Physical therapy: \$509
      - Initial evaluation: \$193
      - Four 15 Minute Visits: \$316

# Subsidy Cliffs & Perverse Incentives

- What happens if such a family who purchases private health insurance gets a \$1,000 raise from \$97,000 and \$98,000?
  - They lose Federal Premium Tax Credit eligibility
- Net Money Available drops roughly \$6,476:
  - Family in Chittenden County: \$3,719 to -\$2,757
  - Family in any other county: \$8,459 to \$1982

Enter Values			49	9			
2 Enter values	Enter 1	/almes	50				
3 Household Composition	Single Person		51			Premium	Deductible
4				2 Single		470.4	1800
5 Household Income	31500			-			
6 Plan Type	Second Lowest Cost Silver			3 Single Parent		907.87	3600
7 Health care spending (*Deductible or *Moop)	2Deductible		54	1 Couple		940.8	3600
Select %Deductible	15			Family		1321.82	3600
9						1321.02	3000
10			56				
11 12			- 57	7			MVI
			58	Household Composition		Deductible (in network)	RX Deductible
13 Auto Calculated	Urban	Reral	T 59	3 Single		0	0
15 Monthly Expenses (excluding health care and savings)	\$2,213,00	\$1,951.00		) Couple			
16 Annual Expenses (excluding health care and savings)	\$26,556.00	\$23,412.00				U	U
17 Annual Premium	\$2,255,28		61	Family		0	0
18 Annual Deductible or MOOP Costs	\$240.00		62	2			
19 Annual Expenses (incl. health care but excluding savings)	\$29,051.28	\$25,907.28					
20 Savings (5% of all expenses) (Included in JFO Basic Needs Budget but	\$1,452.56	\$1,295.36	1	20			
21 Total Tax/FICA/Medicare Liability	\$4,722.73	\$5,445.97		Initial FPL% Income at least (1)			Federal FPL % Initial Percentage (2)
22 Annual Money Needed	\$33,774.01	\$31,353.25			133	150	3.06
23 NET MONEY AFTER Basic Needs	-\$2,274.01	<b>\$146.76</b>	65	5	150	200	4.08
24			66	3	200	250	6.43
25 Household Income as a percent of 2017 FPL (decimal)	261.194		67	7	250	300	8.21
26 Hosehold Income as percent of 2017 FPL/100	2.611940299		68				
27 Medicaid Threshold (1382 2017 FPL)	1664	2.8	_		300	400	9.69
28 Household Size	1		69	9			
29 Income (assume AGI = MAGI)(assume income earned) 30 Monthly Income (rounded)	315		70	Potentially eligble for Dr.D		Child Criteria	Income Criteria (312% 2017 FPL + 5% Disregard)
30 Monthly Income (rounded) 31 2016 FPL	2625 2.651515152		71			TRUE	TRUE
32 2016 FPI (not decimal)	265.1515152		1			INDE	THUE
33	200.10		72				
34 2016 Basic Needs				3 Household Size		2016 100%	2017 100% FPL
35	Unbon	David	74		_	44770	40000

# Thank you!

		82 Plan Premium (No subsidy)	Lowest Cost Silver	Second Lowest Cost Silver	
47 48 2017 VHC Plan Health Insurance Costs		83 Single		470.4	491.
9 Eligible for APTC	Eliqible	84 Single Parent Family	9	07.87	949.
Eligible for VT Subsidy and CSR	Eligible	85 Couple		940.8	983.
1 Eligible For Dr. D	Not Eligible	· ·			
Dr. D Premium	0	86 Family	13	21.82	1381
Plan Size (Incl.applicable Dr. D eligibility)	Single	87			
Subsidized Plan Eligiblity (0 if not eligibility)	73	88 2017 Applicable Benchmark Plan	Amount		
Monthly Income (Item II)	2625			91.74	
Household 2016 FPLX (Item II)	265.1515152	89 Single			
Calculation of Federal Applicable Percentage Item III(1)	15.151515	90 Single Parent Family	9	49.06	
Calculation of Federal Applicable Percentage Item III(2)	50	91 Couple	9	83.48	
Calculation of Federal Applicable Percentage Item III(3) Calculation of Federal Applicable Percentage Item III(4)	0.303030303	92 Family		81.79	
Calculation of Federal Applicable Percentage Item III(4)	1.48		13	81./9	
Calculation of Federal Applicable Percentage Item III(5) Calculation of Federal Applicable Percentage Item III(6)	0.4484848 8.66	93			
Monthly required share of the Applicable Benchmark Plan premium(0 if no subsidy) (Item IV	0.00	94 Plan Type	Aplic	Aplicable Plan Accounting for Subsidy	
APTC (v'orkshoot)	227.325	95 Lowest Cost Silver	,	MVP VT Plus Subsidy 77	
Applicable Benchmark Plan / Item V' APTC Workshoot)	491.74			•	
Federal APTC (Item 1/1 APTC In'orksheet)	264.42	96 Second Lowest Cost Silver		MVP VT HDHP Subsidy 77	
Applicable percentage including VPA reduction if applicable (Item VIII/I) APTC Inforksheet)	7.16	97 Lowest Cost Gold		MVP VT Plus HDHP Gold	
Required share for Applicable Benchmark Plan (incl. vt subsidies) (Item VII(2)	187.95	98 Lowest Cost Platinum	7	MVP VT Platinum	
V7 premium assistance subsidy amount (Item VII(S)	39.38	99			
Total Subsidy (Item VI+VII(3))(rounded to nearest cent)	303.8				
Plan	MVP VT HDHP Subsidy 73	100	Lowest Cost Silver Single	Second Lowest Cost Silver Single	
Plan Type and Plan Size	Second Lowest Cost Silver Single	101 Plan Premium (No subsidy)		470.4	49
Montly Premium (no subsidy)	491.74	102			
Monthly Subsidy Amount	303.8				
Monthly Premium (applicable state and federal subsidies and Dr. D premiums)	187.94	103 Dr. D Premium			
Deductible	1600	104 2017 FPL a least	2917 FPL not more than	Premium	
RX Deductible	0	105	0	190	
MOOP	4700		U		
RX MOOP 100% Deductible	1300 1600	106	190	237	